

<b>CLAIMS ONLY</b>							Application Number <b>10603867</b>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1									
2									
3									
4									
5									
6	1								
7		1							
8		1							
9		1							
10	1								
11		1							
12		1							
13		1							
14	1								
15		1							
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46									
47									
48									
49									
50									
Total Indep	4								
Total Depend	11								
Total Claims	15								